

Southampton History Museum

Wellness Assessment & Release from Liability Form

To participate in any program sponsored by the Southampton History Museum (hereinafter referred to as "SHM") or to enter any of its facilities

I, _____ agree for myself and (if applicable) for the members of my family, as follows:

1. **COVID-19 RELEASE STATEMENT.** I agree to hold harmless SHM and its employees, representatives, and agents in the event that I or a member of my family become ill with COVID-19 during or subsequent to the period in which I am at a SHM program or event.
2. **COVID-19 WELLNESS SELF ASSESSMENT.** upon the signing of this document all the following statements are true:
 - a. My temperature was checked and was, _____, which is below 99.6 °F.
 - b. To the best of my knowledge, I have NOT been in close or proximate contact in the past 14 days with someone who has tested positive for COVID-19, or who has or had symptoms of COVID-19.
 - c. I have NOT tested positive for COVID-19 in the past 14 days.
 - d. I have NOT experienced ONE of the following symptoms of COVID-19 in the past 14 days: *fever; OR cough; OR shortness of breath.*
 - e. I have NOT experienced TWO OR MORE of the following symptoms of COVID-19 in the past 14 days: *chills; shaking with chills; muscle pain; headache; sore throat; new loss of taste or smell*
 - f. I have NOT, in the last 14 days, returned to New York from travel to a state that is/was included in the NYS Travel Advisory at the time of my travel.
3. **AGREEMENT TO FOLLOW DIRECTIONS.** I agree to observe and obey all posted rules and warnings, and agree to follow any oral directions given by SHM's employees, representatives, or agents.
4. **INDEMNIFICATION.** I agree to indemnify and defend SHM, its employees, representatives, and agents against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may arise from my or my family's presence upon the facilities of SHM.
5. **APPLICABLE LAW.** Any legal or equitable claim that may arise from participation in this program or event shall be resolved under New York law.
6. **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this Assessment & Release and that I have been given a reasonable opportunity to review it before signing. I further acknowledge that SHM has offered to refund any fees I have paid to use its facilities if I choose not to sign this document.
7. **ENFORCEABILITY.** The invalidity or unenforceability of any provision of this Assessment & Release, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be part of this Assessment & Release.

Date: _____

I have read this Assessment & Release and understand it. I further understand that by signing this Assessment & Release, I voluntarily surrender certain legal rights. I hereby affirm that I am the parent or legal guardian of _____, a minor and have the legal authority to sign this Assessment & Release on behalf of aforementioned minor.

Signature: _____ Telephone: _____

Print Name: _____ Date: _____